

HEALTH SERVICES REFORM UPDATE

March 15, 2001

Issue 002

REVISED

MOST FREQUENTLY ASKED QUESTIONS

1. Will closing DC General deprive the community of health care services?

- DC General is not closing.
- The annual 100,000 hospital visits for outpatient and specialty care can still be treated at DC General.
- The 55,000 visits to the emergency room can still be treated at DC General.
- The 10,000 people who are hospitalized will be treated at Greater Southeast Community, and other hospitals.

2. Will health care for the uninsured suffer under this contract?

- The status quo has brought us low life expectancy for African-American men, the highest AIDS death rate in the nation and a host of other unacceptable health indices.
- The new program will provide, for the first time, integrated care and an improved outcome through the promotion and delivery of primary and preventive care.

3. Will the same level of trauma care that is currently available at DC General Hospital be available at Greater Southeast Community Hospital?

- The same level of trauma services currently provided will continue to be provided under the contract with Greater Southeast Community Hospital.
- It should be noted that DCGH failed its Level 1 Trauma survey by the American College of Surgeons in June of 1999. Since then, its has not been an ACS verified Level 1 trauma center.
- During all phases of the transition, patient transport to appropriate emergency facilities, stability of the trauma system, and quality of care will be maintained.

4. What is the ability of other hospitals to absorb patients now treated at DC General Hospital given the resulting lack of inpatient care beds on the DC General site?

- The contract provides for inpatient care at GSECH as well as other hospitals.
- There are 5,000 licenses for beds in the District, with 3,000 beds being utilized daily. The average year-round occupancy is around 75%. An abundance of beds are available to those in need of inpatient care.
- The DCGH inpatient occupancy rate has been consistently declining for years. The average daily occupancy rate is less than 150.
- Greater Southeast Community Hospital can support the necessary inpatient bed capacity to care for DC General Hospital patients.

5. What is the plan to continue school health services?

- School health will be expanded under the new vendor. The plan integrates school health services with the entire health care system a provision which has never been provided before.

6. The need for detailed performance measures that were not a part of the Request for Proposals. Are these imperative to determining the efficacy of the contract?

- Performance requirements are included in the contract which requires a series of regular reports.
- The Department of Health is instituting a new monitoring function within the Healthcare Financing Administration to insure compliance of detailed performance requirements.
- The Department of Health presently monitors Medicaid Managed Care contracts for quality on a continuing basis and will apply that expertise to the new contract.

7. Is there a performance bond to ensure that monies are available, should the contractor fail to comply with the requirements of the contract?

- The Request for Proposal required and the contract includes a performance bond to protect payment for health and administrative services.
- Among other requirements all funds related to this contract are to be maintained in separate, segregated accounts.

8. Is there a need to conduct due diligence on the proposed contractor's experience, ability and financial stability to the specifications of the contract?

- As part of the negotiation process, the District's Chief Financial Officer and Control Board financial experts are carefully reviewing the vendor's financial capabilities, and the stability of the vendor. The financial protections in the contract will provide further assurances.
- The contract will be the same group of expert local health care professionals who have been responsible for the turnaround of Greater Southeast Community Hospital.

9. What is the time frame and resources needed for the transition.

- Teams from the Department of Health and Greater Southeast Community Hospital have carefully drawn up timelines for the reduction of services by the Public Benefit Corporation and the ramping up by Greater Southeast Community Hospital.
- The District's Chief Financial Officer has formulated a transition budget.

10. What are the major elements that placed the Greater Southeast Community Hospital proposal over the other submitted?

- A team consisting of individuals appointed by the Mayor's office, the Council and the Control Board unanimously made the selection.
- The consensus was that Greater Southeast Community Hospital group of providers were far better organized, had greater health care experience and a more substantial and comprehensive proposal.

11. If the Council is prepared to increase DCGH's subsidy to \$100 million to support a streamlined hospital and community-based clinics, what is the problem?

- The issue is not just about money. Spending money as we did for years on the Public Benefits Corporation and DC General Hospital with poor health care results does not insure that a comprehensive, integrated service delivery system will be in place. This plan does.

12. What is the status of the services provided to the Department of Corrections and other agencies?

- The contract requires Greater Southeast Community Hospital to offer all currently contracted services. These contracts are being negotiated with the relevant agencies separately.

13. What are the specific cost safeguards to ensure that out-year costs of contracting services will not increase?

- Specific safeguards include price adjustments, if any, limited to changes in the medical inflation figures annually.

Call (202) 442-9195 for more information.